

Purchasing Card Record

Questions about this form? Please call 701-231-7462

Cardholder (E	mployee):			
		То:		
Date of Purchase	Vendor	Items Purchased	Total of Charge	On Statement?
		Total:		
	ement Included? () Y luded? () Yes () No	es No If any receipts are missing, contact the University Administrator.		
Cardholder Signature				
			Please print this form.	
Department Administrator Signature		Date	Route this form to: Purchasing Department Old Main 17 Phone (701) 231-7462	